Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Alternative Site Application for EMS Programs in Virginia

Alternative Site

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Additional Locations or Learning Sites

On occasion, accredited training programs in Virginia contact the Office of EMS regarding offering additional training in alternative training sites which differ from the site receiving initial accreditation. As a result, OEMS training staff has contacted the "Commission on Accreditation of Allied Health Programs" for clarification. The OEMS has determined that additional programs can be offered under the original accreditation, dependant upon the program sponsoring the training demonstrating that all program components and evaluation tools are essentially the same as the original.

In an effort to accommodate institutions offering accredited programs, the Office is not requiring that the entire accreditation process be repeated a second time. The Office of EMS has put in place a policy for those alternative sites.

Institutions that intend to operate entire programs or parts of programs at a different location or learning site must prepare and submit a separate Alternative Site Self Study for each additional location. This application can be obtained from the Office of EMS. The questions which make up the Alternative Site Self Study must be addressed for each alternative site to assure OEMS that the two programs are essentially the same.

A site different from the original accreditation can be approved upon receipt of written verification of site details. As a reminder, it is important for all accredited programs to remember that should changes occur within the program, it is necessary to notify OEMS in writing of those changes.

Organization Prior to Preparation of the Self Study

Since the accreditation process from initial receipt of the self study to receiving official approval can take from three to six months, a realistic and detailed timetable for the organization and completion of the self study report should be developed. Although the exact organizational plan will vary from institution to institution, the following suggestions may be helpful:

1. Select an appropriate member of the staff to direct the preparation of the self-study.
2. Involve all members of the faculty, administration, governing board or council in the discussions of the self-study.
3. Establish subcommittees to prepare specific sections of the self-study.
4. Adopt a reasonable time schedule and enforce it.

The Self Study Questions

The self-study questions are designed to elicit a thorough analysis of the institution and the program. The narrative should be prepared in clear and concise language and should respond to each of the questions asked. The format for the narrative report should be as follows:

- The narrative shall be contained in a *3-ring binder and all materials must be typewritten or prepared using a computer, collated, tabbed to divide the various sections as designated in the Self Study document*. Individual pages of the self-study **should not** be submitted in plastic page holders.

- Required attachments shall be included at the end of the narrative in addition to any exhibits and should be provided only if they are essential to the team's review and preparation prior to the visit. Exhibits should be clearly marked and logically ordered.

- Please provide the following information on the front cover and spine of the 3-ring binder and the binder of exhibits accompanying the disk: Site/School name, City, State.

Submitting the Self Study

Institutions should send three hard copies of the completed self-study (including exhibits) and one

copy of the narrative on diskette or CD-ROM with exhibits in an accompanying binder to:

> Virginia Department of Health
> Office of Emergency Medical Services
> ALS Program Accreditation
> Attn: Chad L. Blosser
> 1041 Technology Park Drive
> Glen Allen, VA 23059

The institution should keep at least one copy for the institution's files. The self-study document is

reviewed for completeness upon receipt at OEMS. You will be contacted if it does not contain all

of the required items. Please do not submit other applications or requests with the self-study.

Scheduling Site Visits

The scheduling of a site visit depends on a number of factors, including the availability of site evaluators and staff and the date when the completed materials arrive.

Once the Office of Emergency Medical Services has received the application materials in complete and proper form, the self study will be assigned to a Site Review Team. Once the team leader has determined that the program warrants consideration for state accreditation, they will contact the site/school to schedule a date for a site visit.

On-site Evaluation

If a site visit is deemed necessary, an evaluation team will be formed. The evaluation team will be composed of at least one representative from the Office of Emergency Medical Services and may include at least one other person from Office of EMS or from outside. Rarely, additional team members may be required and will be assigned where necessary for the evaluation of any type of institution and its programs.

Prior to the site visit, the Office of Emergency Medical Services will advise the institution as to the date of the visit and, if available, the names of the team members. Team members will review a complete copy of the application materials, to include the Self Study and any updates. The materials will be reviewed in advance so that the time spent at the institution will be as productive as possible. The major portion of the visit time is devoted to verification of the information provided in the application. At the time of the visit, the institution is expected to be operating in accordance with the application and to be in compliance with all standards and regulations.

Alternative Site Program Reaccreditation

In order to obtain reaccreditation for a program being offered at an alternative site, the institution must first seek out and obtain program accreditation from the Office of Emergency Medical Services for the main program site.

Programs being offered at an alternative site and wishing to renew their site accreditation shall apply to the Office of Emergency Medical Services for renewal not less than 90 days before expiration of their current award of accreditation. The application and Self Study included in this package will be official means of application for renewing accreditation.

Appeal Procedure

An applicant program may contest an adverse decision by the OEMS with regard to the approval status assigned. A written notice of appeal must be directed to the Office of Emergency Medical Services Division of Regulation and Compliance and submitted within ten (10) days after receipt of written notification of the OEMS decision.

The request must include reasons and documentation why the original decision should be revisited. The appeal will follow the Virginia's Administrative Process Act. If the written appeal request is not submitted within the specified time frame of ten (10) days, the Office of EMS's decision stands as final.

Appendix A

Application for Alternative Site

APPLICATION DATE _____

TYPE OF APPLICATION
(*CHECK ONE*):

A. **INSTITUTIONAL DATA**
OFFICIAL NAME OF
INSTITUTION
MAILING
ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

ON-SITE ADMINISTRATOR'S E-MAIL ADDRESS (THIS INDIVIDUAL WILL RECEIVE ALL RELATED
CORRESPONDENCE FROM OEMS)

E-MAIL ADDRESS _____

WEB SITE ADDRESS _____
PHYSICAL ADDRESS
(IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____

NAME AND TITLE OF CEO OR COO _____
NAME AND TITLE OF ON-SITE
ADMINISTRATOR _____
NAME AND TITLE OF PROGRAM
DIRECTOR _____

PROGRAM CREDENTIALS**
(CHECK ALL THAT APPLY)

FOR POSTSECONDARY INSTITUTIONS ONLY

☐	CERTIFICATE	☐	DIPLOMA
☐	OCCUPATIONAL ASSOCIATE'S DEGREE	☐	ACADEMIC ASSOCIATE'S DEGREE
☐	BACHELOR'S DEGREE	☐	OTHER

CORPORATION TYPE (*CHECK ONE*):

☐　　PRIVATELY HELD CORPORATION

☐　　PUBLICLY TRADED CORPORATION

☐　　NOT-FOR-PROFIT CORPORATION

☐　　LIMITED PARTNERSHIP WITH CORPORATE GENERAL PARTNER

☐　　LIMITED LIABILITY COMPANY

DATE OF ORIGINAL ESTABLISHMENT OF INSTITUTION　　_____

B. **ALTERNATIVE SITE INFORMATION**
DOES THE INSTITUTION INTEND TO OPERATE THIS PROGRAM AT ANY OTHER
LOCATIONS OTHER THAN THE ONE SPECIFIED ON PAGE 2?　　YES ☐　NO ☐
IF YES, LIST ADDRESS, PHONE NUMBER, AND ADMINISTRATOR (IF APPLICABLE) OF EACH LOCATION
(ATTACH A SEPARATE SHEET, IF NECESSARY):
ADDRESS OF
ADDITIONAL SITE　　_____

CITY _____　STATE _____　ZIP _____

TELEPHONE _____　FAX (IF AVAILABLE) _____

NAME AND TITLE OF ON-SITE
ADMINISTRATOR　　_____

WHAT IS THE RELATIONSHIP OF THIS SITE TO ONE LISTED ON PAGE 2 OF THIS
APPLICATION?

_____

_____

C. **PERSONNEL** *LIST EACH PERSON IN ONLY ONE CATEGORY.*

NUMBER OF ADMINISTRATIVE STAFF: FT _____ PT _____

NUMBER OF FACULTY MEMBERS FOR THIS PROGRAM: FT _____ PT _____

D. **STUDENTS**

ANTICIPATED NUMBER OF REGULARLY ENROLLED STUDENTS:

_____ FULL-TIME _____ PART-TIME _____ TOTAL

E. **SIGNATURES**

CEO OR COO _____ DATE _____

ON SITE ADMINISTRATOR _____ DATE _____

PROGRAM DIRECTOR _____ DATE _____

MEDICAL DIRECTOR _____ DATE _____

Office of EMS use only:

Site Visitor:_____ Date_____ Recommendation: ☐ Yes ☐ No

Site Visitor:_____ Date_____ Recommendation: ☐ Yes ☐ No

Office of EMS:_____ Date_____ Recommendation: ☐ Yes ☐ No

Appendix B

Alternative Site Application for EMS Programs in Virginia

Alternative Site

Application for Alternative Site

Please answer each of the following questions thoroughly and completely; simple 'yes' or 'no' answers will not provide the site review team with an adequate picture of your program. Your answer should be detailed and if necessary, include references (or direct the reader) to specific forms and/or pages in manuals included as appendices to the self study narrative.

This MS Word® document has been designed to allow the user to complete it electronically and then print it off for inclusion in the self study binder. Simply click on the shaded 'place cursor here to type answer' fields and answer the question. The document can be saved on your PC and edited or revised as necessary.

Section II: Resources

1. Will the program director for this alternative site be the same as for the main site? (Attach CV if different)

   Does the Program Director have the appropriate:
   ▶ licensure or certification
   ▶ level of education
   ▶ field experience in the delivery of pre-hospital care

   [place cursor here to type answer]

2. Will the program director's responsibilities be the same at the alternative site as the responsibilities of the program director for the main site?

   ▶ development of syllabus for curriculum
   ▶ practical skills
   ▶ managing of clinical rotations
   ▶ administration of internships
   ▶ preparation and periodic maintenance of a test bank
   ▶ orientation of faculty and preceptors
   ▶ scheduling of instructors
   ▶ periodic review of the program
   ▶ maintaining student records (attendance, grades, skill competency sheets,

clinical sheets,   vaccinations)

[place cursor here to type answer]

3. If the program director is the same at both the main site and the alternative site, how will appropriate oversight of the program be managed?

[place cursor here to type answer]

Section III: Medical Direction

1. Will the Medical director be the same for all sites? (Attach CV of new OMD if different)

[place cursor here to type answer]

2. Will the Medical director's role change for the additional site or will it remain the same as the OMD for the main site? (Attach agreement/role description of new OMD if different)

Section IV: Faculty

1. Will the faculty change for the new site? If so, include CV's and certification cards for all faculty members.

    The program should be able to:
    ▶   provide evidence (through CV's, resumes, personal information, copies of certification cards, etc.) that each instructor is fully capable of instructing students in assigned topics.
    ▶   show that appropriate expertise in the assigned topic was assessed prior to initial selection
    ▶   show that continuing expertise is monitored

[place cursor here to type answer]

Section V: Financial Resources

1. What evidence is there that financial resources are assured for continued operation of the classes of students admitted?

[place cursor here to type answer]

Section VI: Facilities

1. Do the classrooms have adequate seating for the numbers of students per each class? Describe the layout of the classroom(s).

   [place cursor here to type answer]

2. Do the laboratories appear to be adequate to support the curriculum requirements for the number of students assigned? Describe the lab's layout.

   [place cursor here to type answer]

3. Are there sufficient supplies and equipment available to be used in the provision of instruction and consistent with the needs of the curriculum and adequate for the students enrolled? Explain and include an inventory of equipment as an appendix.

   [place cursor here to type answer]

   For example:
   ▶ is there a mechanism available for restocking of supplies?
   ▶ are the supplies and equipment appropriate for all age groups?
   ▶ are the supplies and equipment state of the art for the geographical region?
   ▶ are supplies and equipment sufficient to support the activities of the laboratory instruction within the program?
   ▶ is the equipment owned or borrowed? If borrowed, is there a written agreement for use of the equipment?
   ▶ is there is sufficient quantity of equipment for the class size?

Section VII: Clinical Resources

1. Are there signed affiliation agreements with each clinical site associated with the program that are appropriate to the objectives of that rotation? Explain and include copies of all clinical affiliation agreements as an appendix.

   For example:
   ▶ do these contracts stipulate areas where students may practice?
   ▶ do these contracts identify responsible staff for assuring learning and conduct?

> ▶ do these contracts cover each of the following clinical areas?
> - Emergency Department
> - Intensive Care
> - Operating Room
> - Labor and Delivery
> - Pediatric Unit
> - Alternative clinical settings may include:
>   - Family Practice Office
>   - Mental Health Clinic
>   - Dialysis Clinic
>   - Community Based Health Clinics
>   - Detox Facilities
>   - Community Services Board
>   - Home Health with Nursing Programs
>   - Extended/Long Term Care Facilities

[place cursor here to type answer]

2. Are the learning opportunities in each clinical setting efficient and effective in achieving the learning objectives of each clinical assignment?

The program should provide:
- ▶ a copy of the evaluation forms used for each student during clinicals which relate back to the clinical objectives
- ▶ evidence that the clinical preceptors are aware of the objectives of the program and their role and responsibilities as members of the site staff
- ▶ evidence that clinical learning objectives are available to all clinical preceptors

[place cursor here to type answer]

Section VIII: Field Internship

1. Will preceptors at the new site receive the same training as that of the original site? If not, please provide preceptor training handbook/manual to this document.

[place cursor here to type answer]

2. Do all students have an adequate opportunity to attain required competencies?

For example:
- ▶ documentation demonstrating that students will be able to perform patient intervention activities.
- ▶ evidence that the system participating in the field internship program has adequate call volume and acuity to permit student s to apply intervention

skills.

- ▶ evidence of a tracking system which demonstrates progression of the student to achieve entry-level competency.

[place cursor here to type answer]

Section IX: Students

1. Will evaluations be conducted frequently enough to assure that both students and program faculty have evidence of student progress at this site? Please describe this process.

[place cursor here to type answer]

Section X: Program Evaluation

1. Is there evidence that the program periodically assesses its effectiveness in achieving goals and objectives?

   For example:
   - ▶ does the program have a plan for periodic review of the entire program based upon all feedback mechanisms to ensure the program is effectively achieving its goals and objectives?
   - ▶ does the program verify through documentation, program improvements made based upon feedback, review and assessments of the program?
   - ▶ does the program track, review and assess the appropriateness of pass/fail scores for exams?
   - ▶ does the program review and assess performance objectives, modifying them as needed based upon feedback and review of the program?
   - ▶ does the program track and assess classroom exam scores and correlate them with certification examination results?

[place cursor here to type answer]